



Request for Funds & Expert Services

Office of the Federal Public Defender

Eastern District of Virginia

TO:	DATE:		
FROM:	FPD Case		
CLIENT:	VAE Case		
This is a supplemental request Date of original request _____			
STATUS:	JURISDICTION:		
CHARGE: _____			
SERVICE REQUESTED: _____			
IF OTHER, PLEASE SPECIFY: _____			
EXPERT INFORMATION - PLEASE FILL OUT ALL FIELDS			
NAME	PHONE		
ADDRESS	FAX		
	EMAIL		
BUSINESS NAME: _____			
SSN # / EMPLOYER ID # _____			
DESCRIPTION OF REQUESTED SERVICE (Include dates, quantities, and specific requests of the expert, such as reports, testimony, or consults)			
The person named above is a qualified expert in this subject matter of field, pursuant to the criteria set forth in the <i>Guide</i> and qualifies as an "expert" under 5 U.S.C. § 3109. <i>Guide</i> , Volume 14, § 520.15			
JUSTIFICATION FOR OBTAINING SERVICE			
# OF UNITS REQUESTED	RATE	UNIT	TOTAL
Travel			
Administrative Officer has been contacted and travel is authorized:			
(It is not necessary to gain approval for regular interpreter services that are greater than 30 miles from expert's normal work area)			
Expected Travel Costs:	GRAND TOTAL		
(Notify traveler that reimbursement will only be approved for government rate, it is the traveler's responsibility to stay within this rate. If traveler encounters problems obtaining government rate, please notify AdO)			
I, the Federal Public Defender (FPD), have reviewed and authorize this expenditure of funds		Leave Blank for Financial Officer	
FPD Signature: _____			
Purchase Order # _____			